PR001 01-May-14

Preliminary Report of Accident

U.S. Department of Labor

Mine Safety and Health Administration

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1. Accident Type:		2. Accident	Classification)		3. Date/Time	3. Date/Time of Accident 4. Date/Ti			ime of Death		5. Fatal Cas	e No
Fatal Injury		Machinery				04/28/20	04/28/2014 11:30 AM 04/2			4/28/2014 11:30 AM		10	
6. Mine Information	1:	,											
a) Mining Company	y Name		l) Mine Name				(e) Parent of	Mining C	Company		
KLONDEX MIDA	AS MINE	INC	1	Midas Mine				}	(LONDE	KMINES	SLTD		
7. Mine Location: a) City				b) C	c) State	c) State 8. Mir			e ID Number: 9. Union:				
Midas				Elko	NV	NV			26-02314			1	
10. Primary Mineral Mined:				umber of Mine	a) Total	b) Underground	c) (pen Pit	/Quarry	d) M	ill/Prep Plant	e) Oth	ier
GOLD ORE MIN	IING, N.I	E.C.		Employees:	102	74					25		3
12. Contractor Nam	ie:							13. Ur	nion		14. Contrac	ctor ID Numbe	er:
15. Contractor Add	ress:	a) (City			b) County			c) Sta	te	d) Z	ip Code	
16 Number of Cont	maatan En	an lovence t	a) Tota	ī b)	Underground	a) Or	en Pit/Qu	ISPPV) Mill/Pro	en Plant	e) Other	
16. Number of Cont	tractor En	ipioyees:	a) 10ta	1 0)	Onderground	(, 0,	en i ioqi	larty			cp i iant	c) Out i	
17. Number of Pers	ons in Mir	e at Time of	Accident:	·		18. Numbe	r of Perso	ns Unac	counted Fo	r:			
a) Mine Employees:		25	b) Conti	ractor Employe	es:	a) Mine	Employee	s:	0	b) Co	ontractor Emp	ployees:	0
19) Location of Acc			02.0	D4	07 4 1		20.8	GU/D	Dlant	Out	an lamanifes	20. Mining	_
X 01-Underground 03-Open Pit 07-Advance Mining 30-Mill/Prep Plant									Utne	er (specify)	Feet	Inches	
02-Surface at I				ge Mining	08-Retre	at Mining	99-0	Office Fa	icility				
21. Nonfatal Injurie	est	0 2	2. Fatal Injur	ies: 1									
23. Victim Informat	tion :	R	a) Name			b) Age 53							
c) Regular Job Title Miner	2:			d) Activit	y at Time of A	ccident: Jackleg I	Drilling				X N	line Employ	ee
24. Experience :	Years W	eeks Days		Years We	eks Days	3		ars Wee	ks Days			Years Weeks	Days
a) Total:		0 0	b) at the n			at activity (23d)		1 43		d) with	Centractor		
25. Autopsy Perform		If Yes, Lo							26. Min	Telepho	ne No.:		
		unty Medic	cal Examine	er, Reno, NV						(775) 529-0625		
27. Description of A	ccident (i	nclude equin	ment involved	the exact loca	tion in the min	e and status of r	scue and	recover	v oneration	s):			
The miner was d unresponsive in										. Anoth	er miner fou	und him	
The information pro regarding the cause			based on prel	iminary data O	NLY and does	not represent fir	al determ	iinations	regarding	the natur	e of the incide	ent or conclusion	ons
28. Equipment Manufacturer: Midwestern						29. M	lodel:		P83	3			
30. District: M7000 Western				32. Field Off	ice: Elko 1	٧V				33. Event Number: 6597617			
34. Accident Investi	igator:				35. MSHA P	Person Notified:				Da	ite	Time	
Joel Dozier					Jame	s Fitch				04/28/	2014	12:52 P	
36. Type of Report:		itial	37. Nai	me of Preparer	and Date Prep Mike Hanch	Control of					Date 04/28/201		
38. Reason For Am	endment:												